

CANDIDATE REPORT OF 2008  
RECEIPTS AND DISBURSEMENTS

Name of Candidate Nolan Mettetal For MS Senate  
Address P.O. Box 414, Sardis, MS 38666 County Panola/Tate  
Telephone (Work) \_\_\_\_\_ (Home) 662-487-1514 (Fax) \_\_\_\_\_  
Contact Name Nolan Mettetal Email Address \_\_\_\_\_  
Office Sought State Senate Dist. 10 Political Party Republican

☐ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

\_\_\_\_ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory  
\_\_\_\_ November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates  
☒ January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory  
\_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
- (4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	\$ 12,700.71	\$ 12,700.71	\$ 12,700.71
Total amount of disbursements \$	\$ 3668.74 + \$ 3439.69	\$ 7108.43	\$ 7108.43
Total amount of cash on hand		\$ 99,620.96	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.  
Nolan Mettetal (Signature of Candidate) 1/28/09 (Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:
1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
  2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

RECEIVED  
JAN 28 2009

Secretary of State  
Capitol Office

Name of Candidate or Committee Nolan Mettetal For MS Senate Page 1 of 4  
 Reporting period 1/1/08 through 12/31/08

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Chevron Corp.</u>		<u>9/22/08</u>	\$ <u>300.00</u>
Mailing Address <u>P.O. Box 1300</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Pascagoula, MS 39568</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>300.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Marck + Co. Inc.</u>		<u>9/22/08</u>	\$ <u>300.00</u>
Mailing Address <u>P.O. Box 4</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>West Point, Pa 19486-0004</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>300.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Wal Pox, Wal-Mart Inc.</u>		<u>10/___/08</u>	\$ <u>500.00</u>
Mailing Address <u>702 S.W. 8th St.</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Bentonville, Ar 22716-0150</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT-T Miss. Pol. Action Com.</u>		<u>10/___/08</u>	\$ <u>1,000.00</u>
Mailing Address <u>175 E. Capitol St. Landmark Center</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Oxford, MS 39201</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>



Name of Candidate or Committee Nolan Mettetal For MS Senate Page 2 of 4  
 Reporting period 1/1/08 through 12/31/08

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Dental Paid</u>	<u>10/1/08</u>	\$ <u>400.00</u>
Mailing Address <u>2636 Ridgewood Rd.</u>	___/___/___	\$
City, State, Zip Code <u>Jackson, MS 3</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>400.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Motorola</u>	<u>11/20/08</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 68429</u>	___/___/___	\$
City, State, Zip Code <u>Schaumburg, Ill 60168</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Assoc. for Home Care</u>	___/___/___	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1468</u>	___/___/___	\$
City, State, Zip Code <u>Ridgeland, MS 39158</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Advance America</u>	<u>12/22/08</u>	\$ <u>1000.00</u>
Mailing Address <u>135 N. Church St.</u>	___/___/___	\$
City, State, Zip Code <u>Spartanburg, SC</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee Nolan Mettetal for MS SenateReporting period 11/1/08 through 12/31/08

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bayou Health Care LLC</u>		<u>12/22/08</u>	\$ <u>500.00</u>
Mailing Address <u>444 Pembroke Dr.</u>		___/___/___	\$
City, State, Zip Code <u>Madison, MS 39110</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Electric Power Assoc. of MS State Pac</u>		<u>12/22/08</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. Box 3300</u>		___/___/___	\$
City, State, Zip Code <u>Madison, MS 39158</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Power Co. State Pac</u>		<u>12/29/08</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. Box 4079</u>		___/___/___	\$
City, State, Zip Code <u>Gulfport, MS 39502</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Leo Pacific</u>		<u>12/29/08</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 6127</u>		___/___/___	\$
City, State, Zip Code <u>Phoenix, AZ 85082-1270</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>



Name of Candidate or Committee Nolan mettel for ms senateReporting period 1/1/08 through 12/31/08

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Comcast</u>		<u>12/31/08</u>	\$ <u>1000.00</u>
Mailing Address <u>1500 Market St.</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Philadelphia, Pa</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>First Security Bank</u> <u>interest</u>		<u>12/31/08</u>	\$ <u>3,806.86</u>
Mailing Address <u>P.O. Box 690</u> <u>interest</u>		<u>12/31/08</u>	\$ <u>93.85</u>
City, State, Zip Code <u>Batesville, MS</u> <u>checking out</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>3900.71</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Joe Reid - Chancery Clerk</u>		<u>___/___/___</u>	\$
Mailing Address <u>return check for court costs</u>		<u>3/31/08</u>	\$ <u>300.00</u>
City, State, Zip Code <u>Batesville, MS</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>300.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>___/___/___</u>	\$
Mailing Address		<u>___/___/___</u>	\$
City, State, Zip Code		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Nolan Mettetal for MS Senate  
 Reporting period 1/1/08 through 12/31/08

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>The Patriot</u>	<u>1/12/08</u>	\$ <u>56.00</u>
Mailing Address	<u>2/10/08</u>	<u>56.00</u>
City, State, Zip Code	<u>3/13/08</u>	\$ <u>70.00</u>
	<u>4/4/08</u>	<u>56.00</u>
Purpose of Disbursement (Optional)	<u>5/4/08</u>	\$ <u>56.00</u>
	Aggregate Year-to-date	\$ <u>          </u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Same as above</u>	<u>7/7/08</u>	\$ <u>126.00</u>
Mailing Address	<u>8/2/08</u>	<u>56.00</u>
City, State, Zip Code	<u>9/8/08</u>	\$ <u>70.00</u>
	<u>10/14/08</u>	<u>56.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>          </u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Same as above</u>	<u>12/8/08</u>	\$ <u>126.00</u>
Mailing Address		\$ <u>          </u>
City, State, Zip Code	<u>      </u> / <u>      </u> / <u>      </u>	\$ <u>          </u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>728.00</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Southern Reporter</u>	<u>1/4/08</u>	\$ <u>23.00</u>
Mailing Address	<u>3/2/08</u>	<u>42.00</u>
City, State, Zip Code	<u>4/4/08</u>	<u>260.00</u>
	<u>2/3/08</u>	\$ <u>42.00</u>
	<u>6/5/08</u>	<u>44.00</u>
Purpose of Disbursement (Optional)	<u>10/1/08</u>	<u>44.00</u>
	Aggregate Year-to-date	\$ <u>          </u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Same as above</u>	<u>11/6/08</u>	\$ <u>55.00</u>
Mailing Address		\$ <u>          </u>
City, State, Zip Code	<u>12/12/08</u>	\$ <u>44.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>494.00</u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>The Democrat</u>	<u>1/11/08</u>	\$ <u>75.00</u>
Mailing Address	<u>2/10/08</u>	<u>23.00</u>
City, State, Zip Code	<u>3/7/08</u>	<u>60.00</u>
	<u>5/9/08</u>	\$ <u>135.00</u>
	<u>6/17/08</u>	<u>60.00</u>
Purpose of Disbursement (Optional)	<u>7/19/08</u>	<u>75.00</u>
	Aggregate Year-to-date	\$ <u>          </u>



Name of Candidate or Committee Nolan Nettetal for MS Senate  
 Reporting period 1/1/08 through 12/31/08

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>The Democrat</u>	<u>9/4/08</u>	\$ <u>60.00</u>
Mailing Address	<u>10/24/08</u>	<u>135.00</u>
City, State, Zip Code	<u>11/24/08</u>	\$ <u>60.00</u>
	<u>12/21/08</u>	<u>80.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>763.00</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>WBLE</u>	<u>1/22/08</u>	\$ <u>80.00</u>
Mailing Address	<u>3/13/08</u>	<u>80.00</u>
City, State, Zip Code	<u>3/13/08</u>	<u>80.00</u>
	<u>4/10/08</u>	\$ <u>80.00</u>
	<u>5/8/08</u>	<u>80.00</u>
	<u>6/2/08</u>	<u>80.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>80.00</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>WBLE</u>	<u>8/2/08</u>	\$ <u>80.00</u>
Mailing Address	<u>9/1/08</u>	<u>80.00</u>
City, State, Zip Code	<u>10/14/08</u>	<u>80.00</u>
	<u>11/17/08</u>	\$ <u>80.00</u>
	<u>12/22/08</u>	<u>80.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>960.00</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Blossoms</u>	<u>1/12/08</u>	\$ <u>68.42</u>
Mailing Address	<u>2/10/08</u>	<u>120.70</u>
City, State, Zip Code	<u>3/13/08</u>	\$ <u>86.67</u>
	<u>4/4/08</u>	<u>83.46</u>
	<u>11/13/08</u>	<u>114.49</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>473.74</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Friends of Phil Bryant</u>	<u>12/19/08</u>	\$ <u>250.00</u>
Mailing Address	<u>12/19/08</u>	<u>250.00</u>
City, State, Zip Code	<u>12/19/08</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>250.00</u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>12/19/08</u>	\$
Mailing Address	<u>12/19/08</u>	\$
City, State, Zip Code	<u>12/19/08</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$